

3/24/10 Final

**EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM**

Facility# 4260107 Passed? Y N
 Inspection Date 5/4/2010 Time 1:00 to 3:30 GPS Reading _____
 Lead Inspector Philip Venninger Others Terrad Ruck
 Facility Reps *Joel Smith

(* Credentials Presented)

Visual Documentation of Inspection: ☐ Digital ☐ OtherWaste Fluid Questionnaire: ☐ Completed ☐ Not Completed ☐ Not ApplicableEnforcement Actions Taken Onsite: FNNC # _____ FC # 7028 For \$ 630.00Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Wolf Den → Lupine, Inc.
 Owner Dave Ramsey (Pres) Operator Joel Smith (Manager)
 Address (Loc/Owner/Op) 611 W. Wapato Rd
 City Wapato State WA Zip 98951 Phone 509-877-2390
 Address (Loc/Owner/Op) _____
 City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
FINANCIAL RESPONSIBILITY						
<input checked="" type="checkbox"/> Meets FR requirements? <input type="checkbox"/> State Government Entity <input type="checkbox"/> Federal Government Entity						
<input checked="" type="checkbox"/> All tanks covered or (check which tanks are covered)						
Type: <input checked="" type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdby Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity & No.: <u>179E00328-09-02</u> Dates Coverage: <u>11/16/09-11/16/2010</u> In EPA Format? Y <u>N</u> <u>America Safety Indemnity Corp</u>						
TANK STATUS						
Manifolded (M) or Compartmented (C) Tank? <u>C C</u>						
Status (circle): <u>CTU</u> TOU POU <input checked="" type="checkbox"/> All or						
Date installed: <u>10/06</u> <input checked="" type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or	<u>20K</u>	<u>201K</u>	<u>10K</u>	<u>10K</u>		
Substance in Tank: <input type="checkbox"/> All or	<u>Diesel</u>	<u>Gas</u>	<u>Gas</u>	<u>Diesel</u>		
Tank Material: BS CPS COM FRP DW ExL Lin <input type="checkbox"/> All or	<u>Steel</u>	<u>Steel</u>	<u>Steel</u>	<u>Steel</u>		
Verified by: Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Emergency Generator Tank(s)? Y <u>N</u> <input checked="" type="checkbox"/> All or						
Piping Material: GS CPS FRP Flex DW SecC <input checked="" type="checkbox"/> All or	<u>APT</u>					
Verified by: Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav Pres SafeSuc U.S.Suc <input checked="" type="checkbox"/> All or						
Date last used: <u>CTU</u> <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <u>NA</u> <input checked="" type="checkbox"/> All or						

SITE SKETCH

Tank #

1

2

3

4

5

6

RELEASE DETECTION (RD) - TANKS☐ RD method(s) present for ALL tanks & meets specific performance standards as stated in 280.43?☐ NA☐ Manual Tank Gauging (MTG)☐ All or☐ Tank Tightness Testing (TTT)☐ All or

Last TTT date? _____ Passed? Y N

☐ Inventory Control (IC)☐ All or☐ Vapor Monitoring (VM)☐ All or

Site Assessment? Y N

☐ All or☐ Ground Water Monitoring (GWM)☐ All or

Site Assessment? (i.e. 3' < gw < 20') Y N

☐ All or☒ Automatic Tank Gauge (ATG)☐ All or☒ Interstitial Monitoring (IM)☐ All or☐ SIR☐ All or☐ Deferred (Emergency Generators ONLY)☐ All or

Multiple RD methods in-place Y N

☒ All or

MTG TTT IC VM GWM ATG IM SIR

If TOU, does tank comply with RD requirements? Y N NA ☐ All or

Amount of Product in Tank: _____ Water: _____

Are hazardous substance USTs secondarily contained?

Y N NA ☐ All or**RELEASE DETECTION (RD) - PIPING**☐ RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44?☐ NA☐ ALLD (Pressurized Systems Only) ☐ NA (Grav/Suct) ☒ All orDate of test: _____ ☒ ELLD or ☐ MLLDPiping RD Primary Method?: LTT Monthly NA ☒ All or☐ LTT Date of test: _____ ☐ All or☐ Monthly Monitoring Method:☐ All orVM GWM IM SIR Sump Sensor Other _____ ☐ All or☐ Deferred (Emergency Generators ONLY)☐ All or**RELEASE DETECTION RECORDS/COMPLIANCE**Release detection records verified? Y N NA ☒ All or

Of the last 12 months monitoring records, 11 were reviewed:

Tanks (months) PASSED: 11 FAILED: _____ INVALID: _____

Piping (months) PASSED: _____ FAILED: _____ INVALID: _____

All non-passing results resolved? Y N NA ☒ All orIf not resolved, was the implementing agency notified of a suspected release? Y N No release suspected NA ☒ All or

If equipment installed within the last 5 years, is the third party evaluation(s) available? Y N NA

For? ATG SIR IM Sensors ALLD Other _____ In Compliance with Evaluation? Y N

ATG/IM/SIR Equipment Manufacturer/Vendor: Veeder-root

Model: TLS-350 w/ALCEN

ALLD Equipment Manufacturer (optional): FZ

Model: PLCS

TANK #	1	2	3	4	5	6
RELEASE PREVENTION - REPAIRS, CATHODIC PROTECTION & TANK LINING						
Tank & Piping Repairs						
Any repairs to the UST system(s) being conducted or completed? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> All or						
If yes, were the repaired tank(s) and/or piping tightness tested within 30 days? (Note: Not required if repaired tank is internally inspected or if monthly monitoring is in use.) Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
Tank Lining						
<input checked="" type="checkbox"/> Are any tanks internally lined? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
<input type="checkbox"/> Tank lining inspected and in compliance? <input type="checkbox"/> All or						
Date of lining: _____						
Date of PASSING internal inspection: _____ <input type="checkbox"/> All or						
Cathodic Protection (CP)						
<input checked="" type="checkbox"/> CP met on <u>all</u> tank(s) and piping, including metal flex connectors, swing joints, etc.?						
<input type="checkbox"/> CP performing adequately based on testing results? --OR--						
<input type="checkbox"/> If CP is NOT performing adequately based on testing results, then was the CP system tested within the required period AND is the o/o now conducting or did the o/o complete the appropriate repair?						
Any repairs to the CP system being conducted or completed? N Y NA If repaired, was the CP system re-tested? N Y NA						
<input type="checkbox"/> CP on <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> Tanks & piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60-day) rectifier inspection records? Y N <input type="checkbox"/> All or						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Are there unprotected, metal components in contact with the ground at the dispensers or in the turbines? Y N NA <input type="checkbox"/> All or						
<input type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
Testing Frequency						
<input type="checkbox"/> Was a 6-month CP test conducted after <u>installation</u> or <u>repair</u> (if applicable)? Test Date: _____ <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of last CP test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of previous test: _____ <input type="checkbox"/> All or						
Passed? Y N Covers: <input type="checkbox"/> Tanks & piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
RELEASE PREVENTION - SPILL PREVENTION & OVERFILL PROTECTION						
<input checked="" type="checkbox"/> Spill prevention devices present and functional? Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> All or						
<input checked="" type="checkbox"/> Overfill prevention devices present and operational for each tank? (Specify which device(s) are in use below.)						
<input checked="" type="checkbox"/> Ball Float Valve - Installed? <input checked="" type="checkbox"/> All or						
<input type="checkbox"/> Flow Restrictor (Auto Shutoff) - Installed? <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm Operational and audible for delivery driver? <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill <u>NOT</u> Req'd (transfer ≤ 25 gallons) <input checked="" type="checkbox"/> All or						
Inspector's Signature: _____			Date: 5/4/10			

Notes:

No monthly RD records available
 TLS-350 Plus w/ CSLD
 In a/burn T1 Per. Test Nuclear
 T2 "
 T3 "
 T4 "

5/4/2010

T4 - Diesel West

0.2 G/L/H-

No Results Available

PLIDS present on fuel lines

From History

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
2000	1- January	P	P	P	P		
	2- February	P	P	P	P		
	3- March	P	P	P	P		
	4- April	M	M	M	M		
2010	5- May LSA	P/P	P/P	P/P	P/P		
2009	6- June	P	P	P	P		
	7- July						
	8- August						
	9- September						
	10- October						
	11- November						
2009	12- December						
P = Pass \ F = Fail \ I = Invalid							

LSA = Liquid States Report